

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/009916

FILING DATE
2000-01-01

82014 CLAIMS

NO.	AS FILED		AFTER		AFTER			
	IND.	DEP.	1ST AMENDMENT	IND.	DEP.	2ND AMENDMENT	IND.	DEP.
1	/		/	/		/		
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TOTAL IND.	10		10		10			
TOTAL DEP.	70		33		33			
TOTAL CLMS	80		133		133			

NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100								
TOTAL IND.			1					
TOTAL DEP.				1				
TOTAL CLMS					1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS